

## **Good Practices of End of Deployment Debriefing in the Royal Netherlands Navy**

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### **ABSTRACT**

*Practices in early psychological interventions after critical incidents have been the focus of research for several years now. In an article in The Lancet in 2002, it was concluded on the basis of seven international studies that individual single session debriefing does not lead to a decline in the incidence of Post Traumatic Stress Disorders (PTSD) among the victims of accidents or traumatic events. At the international level, it was recommended that the term 'debriefing' should be replaced by the term 'early intervention', and that a stop should be put to the debriefing of victims of shocking events. The debate about early interventions in the Netherlands Armed Forces continued in 2004 in the memorandum to the State Secretary for Defense from the former Inspector-General of the Armed Forces. The Ombudsman of the Canadian Armed Forces suggested in 2004 a policy on End of Deployment Debriefings in his memorandum on Third Location Decompression, in which redeploying troops stay together on the transit home in a safe place to share experiences and expectations. In 2004 the Royal Navy rolled out their Risk Management approach in operational units of the Royal Marines, in which they assess the risk for the development of adaptation problems after redeployments. It appeared that more than 90 percent of the American soldiers, who were wounded in Iraq and were recovering in the American Fleet Hospital Eight in Spain, rated their debriefing in this hospital helpful or very helpful. In this paper we present the data of research of satisfaction of military personnel with recent group wise End of Deployment Debriefing in the Royal Netherlands Navy and the Royal Netherlands Marine Corps. The central question of this research is: 'how is a group wise debriefing evaluated by the military personnel of the Royal Netherlands Navy, in a sea-going unit and in a marine corps unit?' We used questionnaires, which have been filled out by 378 military personnel, immediately after their deployment. Results show that a vast majority of these personnel is satisfied with this type of End of Deployment Debriefing. It is recommended to improve the effects of the debriefing for homecoming, especially by focusing on realistic expectations of the homecoming.*

### **1.0 INTRODUCTION AND RESEARCH QUESTION**

In 2002, Dutch researchers<sup>1</sup> concluded, on the basis of seven international studies, that individual single session debriefing in the civilian sector does not lead to a decline in the incidence of Post Traumatic Stress

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Disorders (PTSD) among the victims of accidents or traumatic events. At the international level, it is even recommended that the term ‘debriefing’ should be replaced by the term ‘early intervention’, and that a stop should be put to the debriefing of victims of shocking events. The debate about early interventions in the Netherlands Armed Forces continued in 2004 in the memorandum to the State Secretary for Defense from the former Inspector-General of the Armed Forces, Lieutenant General (retired) C.J.M. de Veer. In 2005 the State Secretary of Defense in the Netherlands developed a new policy on military mental health care for active service personnel and veterans, based upon the recommendations of a professor in Psychiatry of the University of Amsterdam<sup>2</sup>. Following these recommendations the State Secretary of Defence stated that deployed military personnel should participate in redeployment activities as end of deployment closure sessions, interviews on homecoming and health care surveillance<sup>3</sup>. The end of deployment sessions vary among the different Armed Forces in the Netherlands from group sessions to individual sessions<sup>4 5 6</sup>.

The Ombudsman of the Canadian Armed Forces suggested in 2004 a policy on End of Deployment Debriefings in his memorandum on Third Location Decompression, in which redeploying troops stay together on the way home in a safe place to share experiences and expectations. In 2004 the Royal Navy rolled out their Risk Management approach in operational units of the Royal Marines, in which they assess the risk for the development of adaptation problems after redeployments<sup>7</sup>. It appeared that more than 90 percent of the American soldiers, who were wounded in Iraq and were recovering in the American Fleet Hospital Eight in Spain, rated their debriefing in this hospital helpful or very helpful<sup>8</sup>. In this article we present the data of research of satisfaction of military personnel with recent groupwise End of Deployment Debriefing in the Royal Netherlands Navy<sup>9</sup> and Royal Netherlands Marine Corps<sup>10</sup>. The central question of this research is: ‘how is a groupwise debriefing evaluated by the military personnel of the Royal Netherlands Navy, in a sea-going unit and in a marine corps unit?’ In an earlier report on this research it is also concluded that these debriefings are part of systemic and systematic interventions, in which good practices in redeployment pay off as good practices in the preparation of the next deployment<sup>11</sup>. As operational tempo is increasing, this effect of good practices is multiplied.

## **2.0 RESEARCH METHODS**

During the transit home of a sea-going unit after a UN mission to Liberia, the unit’s chaplain held group debriefings, together with a social worker with deployment experience, who works in the Defense Social Service. A total of over 237 military personnel took part in these briefings in 25 groups of approximately 10 people. Immediately after each debriefing, the questionnaire for this study was completed.

After a mission in Iraq, a survey was held among the members of a marines company in order to evaluate the debriefing in which they had been participating in the three previous days. The debriefing took place during a ‘third location decompression’ on the journey home. The stopover lasted a total of 72 hours, and took place in Cyprus. After arrival, there was first of all time to rest up from the journey, which had taken over 20 hours. There was then a barbecue. The next morning, the debriefing was held and information was given about health risks and professional help. The journey home was resumed on the third day. After arriving in the Netherlands the personnel were given 2 days’ leave, after which they returned to the naval barracks in Doorn for a day. On that day there was a short medical checkup and the personnel received their personal luggage, which had arrived from Iraq in the meantime. The personnel also completed the questionnaire issued as a part of this study.

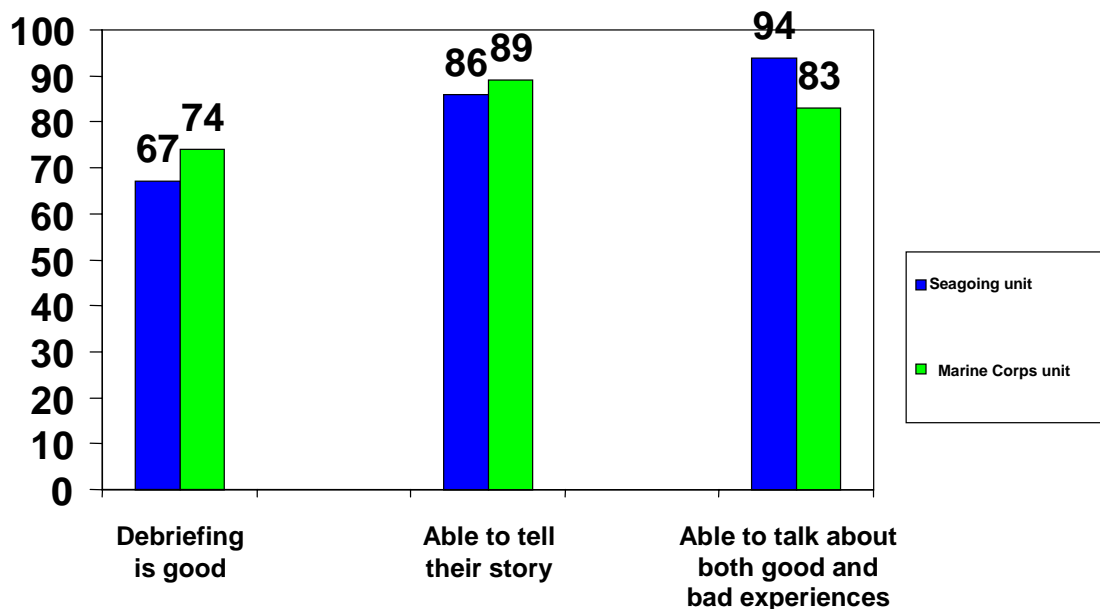
## **3.0 RESULTS**

Information was obtained from a total of 378 Royal Netherlands Navy personnel in accordance with the method described above. Figure 1 shows the representation of the various ranks in this group of respondents, divided into the sea-going unit and the unit of marines.

RANK	SEA-GOING UNIT <sup>1</sup>	MARINES' UNIT	TOTAL
Captain/Colonel	2		2
Commander/Lieutenant Colonel	3	-	3
Lieutenant Commander/Major	7	3 <sup>2</sup>	10
Lieutenant/Captain	9	1	10
Lieutenant Junior Grade/ Lieutenant 1st Class	8	3	11
Warrant Officer/ Regimental Sergeant Major	4	1	5
Chief Petty Officer/ Sergeant Major	8	4	12
Petty officer/ Sergeant	35	14	49
Leading Rating/ Corporal	50	24	74
Able Rating/ Marine 1 <sup>st</sup> Class	111	91	202
Total	237	141	378

**Figure 1. Distribution of respondents according to rank in the sea-going unit and the unit of marines.**

Figure 2 shows the opinions about the fact that the personnel were debriefed, about being given the opportunity to give their own personal account during the briefing, and about the opportunity to discuss pleasant and unpleasant experiences.

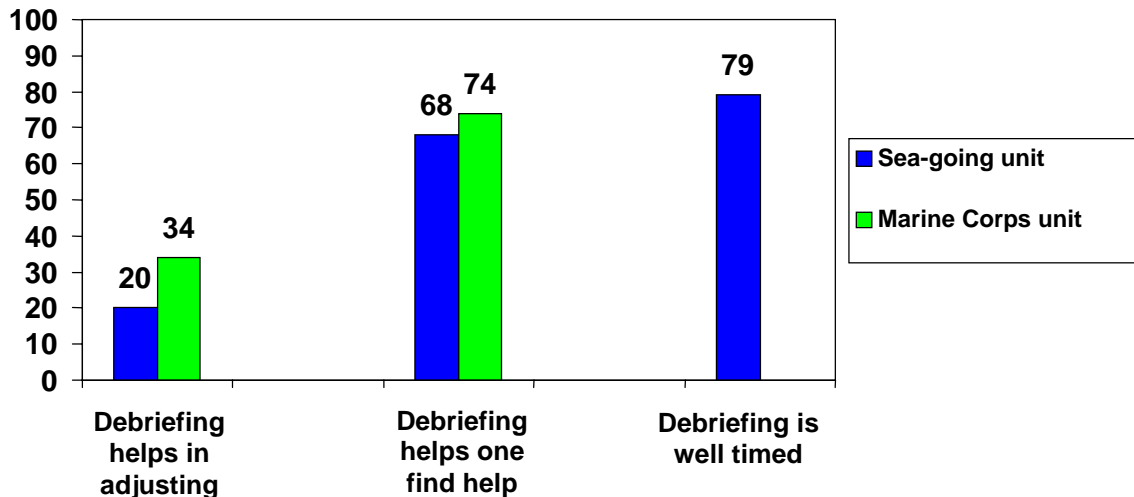


**Figure 2. Percentages of military personnel from a sea-going unit (n=237) and a unit of marines (n=141) who agreed or strongly agreed with the statements that debriefing is a good thing, that during the debriefing there was sufficient opportunity to give one's own personal account, and that during the debriefing there was the opportunity to discuss pleasant and unpleasant experiences.**

<sup>1</sup> Including medical personnel on board

<sup>2</sup> Including doctor and chaplain

Figure 3 shows the percentage of the respondents that agreed or fully agreed with the statement that the debriefing helps them readjust to being in the Netherlands, that debriefing helps them to seek help and that the timing of the debriefing, during the journey home, was well chosen.



**Figure 3. Percentages of military personnel of the sea-going unit (n=237) and a Marine Corps unit (n=141) that agreed or fully agreed with the statement that the debriefing helps them readjust to being in the Netherlands, that debriefing helps them to seek help and that the timing of the debriefing, during the journey home, was well chosen.**

Other research into the opinion on post deployment care already showed that the vast majority of military personnel, deployed in 2000/2001 in Ethiopia and Eritrea, were satisfied with the timing of the debriefing during the transit home<sup>12</sup>.

All these results show that the vast majority of the military respondents were satisfied to very satisfied with virtually all of the researched aspects of debriefing at the end of a mission. This means that there is broad support among the military personnel who are debriefed for the current practice of group debriefings in the Royal Netherlands Navy. It is therefore advisable to continue this practice of debriefing.

## **4.0 CONCLUSIONS AND RECOMMENDATIONS**

The results presented show that the vast majority of the military respondents were satisfied to very satisfied with virtually all of the researched aspects of a groupwise End of Deployment Debriefing. This means that there is broad support among the military personnel who are debriefed for the current practice of group debriefings in the Royal Netherlands Navy. It is therefore recommended to continue this practice of debriefing. The evaluation of the beneficial effect of the debriefing for homecoming gives room for improvement. Topics like changes at home, significant others, children, other family members, work related peers, managing the media, coping with stress symptoms and tips on what to avoid and where to go for support or help deserve more attention<sup>13</sup>.

There would also appear to be differences between the various ranks when it comes to evaluation of the debriefing. At first sight, NCOs appear to be less satisfied with debriefing than officers and other ranks. Further research should also give a decisive explanation in this matter.

Debriefing is a form of special personnel care for which, as this study has shown, there would appear to be a need, and in which the salutogenic approach, which focuses on social resiliency and recovery, in group

sessions is valued. Various debriefing methods are in use in the armed forces of the Netherlands. In armed forces of other NATO countries, like the United States, the United Kingdom and Canada, other methods of debriefing are used in the redeployment of their troops. We will therefore conclude by recommending that international research should be conducted into these and other debriefing models, in order to identify and implement good practices in debriefing methods, in the interests of deployed military personnel and veterans.

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